

IN THE UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF PENNSYLVANIA

IN RE:)	
)	
Timmy K. Messner)	Case No. 19-22342 CMB
Patricia K. Messner)	Chapter 13
Debtor(s))	
)	
)	
Timmy K. Messner)	
Patricia K. Messner)	
Movant(s))	
)	
vs.)	
)	
Ronda J. Winnecour, Chapter 13 Trustee)	
Respondent(s))	

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s), or statement(s) are transmitted herewith:

Specify reason for amendment. The Debtors are amending their Schedule I to report their current monthly income. The husband Debtor is now working for a new employer.

_____ Voluntary Petition.
_____ Official Form 6 Schedules (Itemization of Changes Must be Specified)
_____ Summary of Schedules
_____ Schedule A – Real Property
_____ Schedule B - Personal Property
_____ Schedule C – Property Claimed as Exempt
_____ Schedule D – Creditors holding Secured Claims}
_____ Check one:
_____ Creditor(s) added
_____ NO creditor(s) added
_____ Creditor(s) deleted
_____ Schedule E – Creditors Holding Unsecured Priority Claims
_____ Check one:
_____ Creditor(s) added
_____ NO creditor(s) added
_____ Creditor(s) deleted
_____ Schedule F – Creditors Holding Unsecured Nonpriority Claims
_____ Check one:
_____ Creditor(s) added

____ NO creditor(s) added
____ Creditor(s) deleted
____ Schedule G – Executory Contracts and Unexpired Leases
 Check one:
 ____ Creditor(s) added
 ____ NO creditor(s) added
 ____ Creditor(s) deleted
____ Schedule H – Codebtors
____ **X** Schedule I - Current Income of Individual Debtor(s)
____ **X** Schedule J- Current Expenditures of Individual Debtor(s)
____ Statement of Financial Affairs
____ Chapter 7 Individual Debtor's Statement of Intention
____ Chapter 11 List of Equity Security Holders
____ Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims
____ Disclosure of Compensation of Attorney for Debtor
____ Other:

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Fed.R.Bankr.P. 1009(a) and Local Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the U.S. Trustee, the trustee in this case and to entities affected by the amendment as follows:

Service by CM/ECF:

Office of the United States Trustee: ustpreregion03.pi.ecf@usdoj.gov

Ronda J. Winnecour: Trustee cmecf@chapter13trusteewdpa.com

Date: June 11, 2021

/s/ Christopher M. Frye
Christopher M. Frye, Esquire
Attorney for the Debtor(s)

STEIDL & STEINBERG
Suite 2830 – Gulf Tower
707 Grant Street
Pittsburgh, PA 15219
(412) 391-8000
chris.frye@steidl-steinberg.com
PA I.D. No.208402

Fill in this information to identify your case:

Debtor 1 Timmy K. Messner

Debtor 2 Patricia L. Messner
(Spouse, if filing)

United States Bankruptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA

Case number 19-22342
(If known)

Check if this is:

- ☒ An amended filing
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status*

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
☐ Not employed

Maintenance

C&L Hospitality LLC

dba Suburban Extended Stay Hotel
PO Box 5399
Louisville, KY 40255

Debtor 2 or non-filing spouse

- ☒ Employed
☐ Not employed

Housekeeping

A.R. Building Co.

310 Seven Fields Blvd
Mars, PA 16046

How long employed there?

9 months

2 Years

*See Attachment for Additional Employment Information

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>2,369.00</u>	\$ <u>2,541.00</u>
3. Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	\$ <u>2,369.00</u>	\$ <u>2,541.00</u>

Debtor 1 **Timmy K. Messner**
 Debtor 2 **Patricia L. Messner**

Case number (if known) **19-22342**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 2,369.00	\$ 2,541.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 393.00	\$ 514.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 164.00	\$ 247.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify:	5h.+ \$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 557.00	\$ 761.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 1,812.00	\$ 1,780.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: Second Job	8h.+ \$ 0.00	+ \$ 232.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 232.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,812.00 + \$ 2,012.00	= \$ 3,824.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$	3,824.00
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain:		

Combined monthly income

Debtor 1 **Timmy K. Messner**
Debtor 2 **Patricia L. Messner**

Case number (if known) **19-22342**

Official Form B 6I
Attachment for Additional Employment Information

Debtor	
Occupation	Housekeeping
Name of Employer	The Healthclub at Southpointe, LLC
How long employed	5 months
Address of Employer	333 Technology Drive Suite 116 Canonsburg, PA 15317